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| PATENT APPLICATION FEE DETERMINATION RECORI | PATENT | IT APPLICATION | 1 FEE | DETERMINATION | RECORD |
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Effective October 1, 2000

| vhhiic | ation or Docket Number |
|--------|------------------------|
| 801    | ,                      |
| 1      | 780638                 |
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| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                    |   | _                    | SMALL ENTITY TYPE ( |          |   | OTHER THAN OR SMALL ENTITY |                    |             |  |
|---|--|---|--------------------|---|----------------------|---------------------|----------|---|----------------------------|--------------------|-------------|--|
| TOTAL CLAIMS  |  |   | 10                 | r<br>Esta                               |                      |                     |          | RATE                                    | FEE                        | ] [                | RATE        | FEE  |
| FOR   |  |   | NUMBER FILED       |   | NUMBER EXTRA         |                     |          | BASIC FEE                               | 355.00                     | OR                 | BASIC FEE   | ·710.00  |
| TOTAL CHARGEABLE CLAIMS   |  |   | j 9 minus 20= * (2 |   | 3                    |                     | X\$ 9=   | -                                       | OR                         | X\$18=             |             |  |
| INDEPENDENT CLAIMS A minus 3 = *  |  |   |                    |   |                      | X40=                |          | OR                                      | X80=                       |                    |             |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                    |   |                      |                     | .405     |   |                            | .070               |             |  |
| * If 1  | * If the difference in column 1 is less than zero, enter "0" in column 2   |   |                    |   |                      |                     |          | +135=<br>TOTAL                          |                            | OR                 | +270=       |  |
|   | CLAIMS AS AMENDED - PART II  |   |                    |   |                      |                     |          |   | 355                        | OR                 | TOTAL       | TUAN   |
|   | C  | (Column 1)                                      | MICIADED           | (Colu                                   |                      | (Column 3)          |          | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                            |                    |             |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                    | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>OUSLY         | PRESENT<br>EXTRA    |          | RATE                                    | ADDI-<br>TIONAL<br>FEE     |                    | RATE        | ADDI-<br>TIONAL<br>FEE   |
| NDN   | Total  | * .   | Minus              | **                                      |                      | =                   |          | X\$ 9= <sup>1</sup>                     |                            | OR                 | X\$18=      |  |
| A ME  | Independent  | * ársa + É                                      | Minus              | ***                                     |                      | =                   |          | X40=                                    |                            | OR                 | X80=        | r en   |
| W. S. St.   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                    |   |                      |                     | <u> </u> | +135=                                   |                            | OR                 | +270=       |  |
|   |  |   |                    |   |                      |                     | L        | TOTAL                                   |                            | ΛP                 | TOTAL       |  |
|   | 「At<br>「聖文」()<br>松田の 無 Min to At 1   | (Column 1)                                      |                    | (Colu                                   | mn 2)                | (Column 3)          | ,        | ADDIT. FEE (                            |                            | ]                  | ADDIT. FEE  | Sign of the state of the   |
| AMENDWENT B   |  | CLAIMS REMAINING AFTER AMENDMENT                |                    | HIGH<br>NUM<br>PREVI<br>PAID            | IBER<br>OUSLY        | PRESENT<br>EXTRA    |          | RATE                                    | ADDI-<br>TIONAL<br>FEE     |                    |             | ADDI-<br>TIONAL<br>FEE   |
| 2   | Total  | *   | Minus              | **                                      |                      | =                   |          | X\$ 9=                                  |                            | OR                 | X\$18=      | St.  |
| NWE   | Independent  | •   | Minus              | ***                                     |                      | =                   |          | X40=                                    |                            | OR                 | X80=        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                    |   | <b>』</b> ├           | +135=               |          |   | +270=                      | 高. 1994年1<br>4. 13 |             |  |
| e de la compa   |  | r Alabertaren                                   | War and the        |   |                      |                     | Ĺ        | TOTAL                                   |                            | OR OR              | TOTAL       | The State of the S |
|   |  |   |                    | (O = 1,                                 | O\                   | (Oaluman 0)         | A        | DDIT. FEE                               |                            | JUN                | ADDIT. FEE  |  |
| AMENDMENTC  | A A STATE OF THE S | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                    | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT EXTRA       |          | RATE                                    | ADDI-<br>TIONAL<br>FEE     |                    | RATE        | ADDI-<br>TIONAL<br>FEE   |
| S S   | Total  | *   | Minus              | **                                      |                      | =                   |          | X\$ 9=                                  |                            | OR                 | X\$18=      | TO THE STATE OF  |
| ME  | Independent  | *   | Minus              | ***                                     |                      | =                   |          | X40=                                    |                            | OR                 | X80=∺       | a interest   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                    |   |                      | ]                   |          |   |                            |                    | Server Mari |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                    |   |                      |                     |          |   |                            |                    |             |  |
| ** II   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |   |                    |   |                      |                     |          |   |                            |                    |             |  |